

D MAY 20 1943

Registration District No. 209

Primary Registration District No. 304.3

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Harrison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lexington Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAMERose Lee Jones3. (b) If veteran,
name war.3. (c) Social Security
No.

4. Sex Female 5. Color or face white 6. (a) Single, widowed, married,
1 divorced MARRIED
6. (b) Name of husband or wife Wm H 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased Feb 22 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 1 6 hr. min.

9. Birthplace Monroe Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation.

11. Industry or business.

12. Name Jerry R. Roumours
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mrs E. Robinson
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant William Jones
(b) Address 718 S Main Harrison Mo
17. (a) Burial (b) Date thereof March 30 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Self. Sallin Home Quincy Mo18. (a) Signature of funeral director James O. Connelley(b) Address Harrison Mo19. (a) 3-30-43 (b) RW Connor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Harrison
(If outside city or town limits, write "RURAL")
(d) Street No. 718 S. Main St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1943 hour minute 11 A.M.

21. I hereby certify that I attended the deceased from Feb
1943 to March 28 1943
that I last saw her alive on March 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Duration

Due to Carcinoma of female Organ
Due to Secondary Anemia

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy.

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature R. W. Connor (M. D. or other) MD
Address Harrison Mo Date signed 3-29-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Michael J. O'Connell

Licensed Embalmer No. *2246*

P. O. Address. *Hannibal, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. mc

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Terreling Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Rose Lee Jones

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive

7. Birth date of deceased

Feb 22
(Month) (Day) (Year)

1888
(Year)

8. AGE:

Years

Months

Days

If less than one day

62

1

4

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.

21. I hereby certify that I attended the deceased from 19; that I saw him live on 19; and that death occurred on the date and hour stated above. Immediate cause of death Pneumonia

Due to Carcinoma of female organ, probably

Due to metastasis of organ

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature J. H. Murphy (M. D. or other) MD

Address Hannibal Date signed 6-1-73

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

5-18382